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ABSTRACT

There appears to be a tendency for people who have not been victimized by negative life events to perceive themselves as less vulnerable to victimization than others. Research has revealed this unrealistic optimism in risk perception. A study on rationales for risky behaviors was conducted to identify reasons other than this illusion of invulnerability that individuals use when engaging in risky behavior. College students (N=79) completed a questionnaire containing 14 protective or threatening behaviors, each paired with an associated resulting negative life event. Subjects assessed behaviors and resulting events in terms of risk and seriousness, respectively, and the degree to which they believed others applied seven hypothesized rationales for risky behavior. Subjects rated unprotected sexual activity, intravenous drug use, and cocaine use as the most risky behaviors and acquired immune deficiency syndrome as the most serious result, although it was not rated significantly more serious than rape, lung cancer, or cocaine addiction. "It will never happen to me" received the highest rating among rationales. The findings suggest that, through a variety of means, risk-takers deny their at-risk role, and thereby do not accurately assess the potential results of their behaviors. (NB)

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THROWING CAUTION TO THE WIND:
RATIONALES FOR RISKY BEHAVIOR

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Throwing Caution to the Wind:

Rationales For Risky Behavior

We are reluctant to acknowledge that bad things can happen to good people. We are even more reluctant to acknowledge that bad things can happen to us. Research on this latter phenomenon indicates that people who have not been victimized by negative life events such as serious illness, accident or crime tend to perceive themselves as less vulnerable to victimization than others. Perloff (1983, 1986) named this phenomenon "the illusion of unique invulnerability." Weinstein (1980, 1984) refers to it as "unrealistic optimism" and Snyder (1978) calls it "the illusion of uniqueness."

This illusion occurs across a wide range of events. Weinstein (1980) and Perloff (1986) found that college students believe themselves to be significantly less vulnerable than others to accidents, mental and physical illness, crime and divorce. Snyder (1978) reported that when students are presented with a projected age of their death based on actuarial longevity data, they typically state that they will live ten years longer than the predicted age.

Several dimensions of this misperception have been explored. Among negative events, the more undesirable or serious the event, the stronger the tendency to believe that one's own chances of victimization are less than average (Perloff, 1983; Weinstein, 1980). This same tendency also increases as the perceived controllability of the negative event increases (Weinstein,1980, 1984).

It appears that individuals achieve this optimistic bias in a variety of ways. For example, when estimating the effects of their behavior and attributes on their vulnerability, people tend to use selective emphasis. That is, they weigh certain types of risk factors more heavily than others in assessing their susceptibility to harm. Individuals show a negative bias to some risk factors (heredity and environment), yet an optimistic bias to their own actions and psychological attributes that effect their vulnerability (Weinstein, 1984). If asked to compare their own vulnerability with that of another person, individuals tend to compare themselves with someone who is less fortunate and more at risk than they are. Such a downward comparison allows them to rate themselves as uniquely invulnerable (Perloff, 1986).

Perloff (1986) states that the illusion of invulnerability has an underlying motivational basis. It serves an ego defensive function, reducing the fear, anxiety and stress that are normally associated with victimization. It also may allow individuals to engage in behaviors that put them at greater risk for harm and still maintain an unrealistically optimistic belief about the possible outcomes of their behavior. For example, by denying they are at risk, individuals can continue to smoke cigarettes with no increase in anxiety regarding their smoking behavior. Ironically, by this defensive denial of their at-risk role and subsequent continuance of their risky behavior, individuals who consider themselves uniquely invulnerable are in fact uniquely vulnerable to

victimization (Barlc, 1969).

Research has demonstrated the evidence of unrealistic optimism in risk perception. It has not been demonstrated, however, if individuals employ this belief when deciding whether or not to engage in behaviors that put them at greater risk for harm. This study sought to identify the illusion of invulnerability ("It will never happen to me") as a rationale for risky behavior, and to identify other rationales that individuals might have for such behaviors.

A second possible rationale comes from Lerner and Matthews' (1967) work demonstrating that individuals often adopt a belief in a just world when attempting to explain the misfortunes of others. That is, people choose to believe that victims are in some way responsible and blame-worthy of their fate. If it is true that victims deserve misfortune, then, regardless of their risky behavior, individuals can believe that they will not suffer negative life events simply because they are not deserving of misfortune.

It is also plausible that individuals might calculate the risk of a particular behavior and the seriousness of the outcome of that behavior. That is, individuals might perform their own cost-benefit analysis when deciding whether or not to continue a risky behavior or to acquire a protective one. Risk takers could use selective emphasis or other optimistic biases to favorably distort their own perception of the

riskiness of the behavior and/or the seriousness of the possible negative outcome.

The issue of control may come into play in two different ways in rationalizing risky behavior. Individuals may believe that they have no control over their own actions, as might be the case with excessive drinking, smoking cigarettes or other addictive/compulsive behaviors. Or, individuals might adopt a deterministic or fatalistic view of the cause of their future life events thereby believing that their actions have no control or influence over such events. That is, they may believe that what will happen, will happen.

This study asked students to consider 14 different behaviors and one negative outcome (e.g. illness, accident or crime) associated with each behavior. Students were asked to assess the behavior and the negative life event in terms of risk and seriousness, respectively, and the degree to which they believe other individuals apply the hypothesized rationales for risky behavior.

We hypothesized that the rationales adopted would vary across behaviors. Certain behaviors, for example drug use or sexual activity were expected to elicit a moral judgment of the risk taker. This was expected to be reflected in a more harsh judgment of the risk taker or the riskiness of the behavior.

In view of Weinstein's (1980) findings mentioned earlier, we also hypothesized that rationales would differ as a function of seriousness of the negative event. The more serious the

event, the more prevalent we expected the belief of unique invulnerability to be.

Finally, we hypothesized that the rationale concerning control of behavior would be used significantly more for addictive and compulsive behaviors than for the other risky behaviors.

Method

Subjects

Subjects were 79 introductory psychology students at Georgia State University, 32 males and 47 females, who participated in the experiment in order to fulfill a course requirement.

Materials

Subjects were asked to complete a questionnaire about 14 behaviors that could be considered either protective of or threatening to the health and well being of individuals. Each behavior was paired with an associated resulting negative life event. The paired behaviors and possible outcomes were: sharing IV needles and hepatitis; leaving a car unlocked and having the car stolen; prolonged sun exposure and skin cancer; not engaging in regular exercise and poor cardiovascular health; unprotected sexual activity with a member of a high risk group and contracting AIDS; excessive coffee intake and high blood pressure; regular cocaine use and addiction; unprotected sexual activity and syphilis; poor dental hygine and gum disease; not wearing a seatbelt and suffering a skull fracture; smoking two packs of cigarettes a day and lung cancer.

The paired behaviors and events were presented to subjects in one of two counterbalanced orders. Using a seven-point

Likert scale, subjects were asked to rate the degree of risk of each behavior, and then the degree of seriousness of each negative life event paired with it.

Following the questions of risk and seriousness, the subjects were asked to rate on seven-point Likert scales how much they believed individuals who participated or refrained from each of the 14 behaviors employed each of the seven rationales. The seven rationales were the following: "It will never happen to me," "It will happen no matter what I do,""What will happen will happen," "I can't control myself," "The probability of it happening isn't great enough for me to stop (or start)," and "It won't happen to me because I don't deserve it."

Procedure

The study was described to subjects as concerning individuals' beliefs about behaviors that either protect or threaten the health and well being of people. They were asked to complete the questionnaire, and were assured that their name would in no way be connected with the results of the study or the information that they provided. After subjects completed the questionnaire, the experimenter gave them additional information about the study and explained the researchers' hypotheses.

Results

An analysis of variance conducted on the judged riskiness of the 14 behaviors was significant, F (13, 1014) = 31.16, $p < .001$. The results of a Newman-Keuls test conducted are presented in Table 1. As can be seen in the table, subjects rated

unprotected sexual activity, IV drug use and cocaine use as the most risky behaviors. With the exception of cigarette smoking, these behaviors were regarded as significantly more risky than all of the other behaviors.

With regard to the rated seriousness of each of the 14 negative life events, an analysis of variance showed there were significant differences between the means, F (13, 1014) = 18.31, $p < .01$. AIDS was thought to be the most serious (M = 8.99), though not significantly more serious than rape (M = 6.85), lung cancer (M = 6.46) or cocaine addiction (M = 6.85). Gum disease (M = 5.67) was rated as significantly less serious than all of the other events (see Table 1).

A 14 x 7 (Behavior x Reason) repeated measures analysis of variance was conducted on subjects' ratings of the extent to which they believed others used each of the seven rationales. This analysis revealed significant effects for Behavior $F(13,1014) = 22.27$, $p < .0001$, Reason, $F(6,6084) = 54.41$, $p < .0001$, and the interaction of Behavior and Reason, $F(78, 6084) = 8.49$, $p < .0001$.

With regard to main effect for behavior, results of a Newman-Keuls test demonstrates that with the exception of the control rationale, all of the rationales were judged to be believed in least by those engaging in high risk behavior for AIDS. On eight of the nine conditions AIDS received an extreme rating, suggesting that it is regarded as an anchor measure for negative life events.

With regard to main effect for rationales, the rationale reflecting a belief in a just world ("It will never happen to me because I don't deserve it,") (M = 2.86) was believed to be used by risk takers the least, though not significantly less than the inevitability ("It will happen no matter what I do,") (M = 3.16) and control (M = 3.75) rationales. The invulnerability rationale ("It will never happen to me,") (M = 5.09) was believed to be used the most, though not significantly more than the control, "Not serious enough" (M = 4.09), fate (M = 4.09) or "probability not great enough" (M = 4.45) rationales.

With regard to the interaction of Behavior x Reason, the Newman Keuls tests conducted within each rationale across behaviors are also presented in Table 1. It is easiest to discuss this interaction in terms of the results of the t-tests that were conducted to test the a priori hypotheses.

To ascertain which negative life events were judged as being the most serious, a median split was performed on the means of the seriousness ratings of the 14 conditions. The hypothesis that belief in unique invulnerability would be greater for more serious events was not supported ($t < 1$). However, regarding the rationale "The danger isn't serious enough for me to bother with," subjects did estimate that risk takers use it less for more serious events than for less serious events $t(77) = 5.27$, $p < .001$.

In order to determine which behaviors were judged to be most risky, a median split was also performed on the means of the risk ratings of the fourteen behaviors. Subjects judged that the risk takers do not employ the rationale "The probability of it happening isn't great enough for me to start (or stop)" for the behaviors judged to be more risky as much as they do for the behaviors judged to be less risky $t(77) = 5.64$, $p < .001$.

Consistent with the hypothesis, the control rationale was believed to be used significantly more by people engaging in addictive or compulsive behaviors (overeating, cocaine and IV drug use, alcohol and coffee consumption and smoking) than for the other behaviors $t(77) = 13.00$, $p < .001$.

Discussion

It is not surprising that "It will never happen to me" was the most "popular" rationale chosen by subjects. Most obviously, it is a very familiar phrase to most people. This could account, in part, for the reason subjects gave it the highest rating. This finding also supports prior research which demonstrated that individuals maintain this belief regarding their vulnerability to a wide range of negative life events.

A closer look at this belief in relation to the beliefs reflected in the other rationales might reveal that "it will never happen to me" might be more accurately viewed as complementary to some of the other rationales, rather than being a discrete rationale as it appeared on the questionaire.

For example, individuals may rationalize "it will never happen to me <u>because</u> I don't deserve it." This belief in unique invulnerability could be seen, then, as the conclusion of the rationalization process.

The rationale that was given the lowest rating by subjects was the rationale reflecting belief in a just world. A considerable amount of research has shown that observers apply the notion of the just world to victims, judging them as deserving of their misfortune (Lerner & Miller, 1978). Though this study did not address victims, it does suggest that others imagine that risk takers (potential victims) do not consider whether or not they deserve the negative event that they are at-risk for.

The fact that unprotected sexual activity, IV drug use and cocaine use were rated as the most risky behaviors supports the hypothesis that individuals will judge the behaviors that involve "sex and drugs" as being riskier than other behaviors. It could be inferred that a moral element is included in this judgment, that individuals don't merely judge the possible negative outcome when they judge the riskiness of the behavior .

It is not surprising, considering the fear and confusion surrounding the AIDS crisis, that AIDS was generally viewed in an extreme manner. One exception was the fact that AIDS was not rated significantly more serious than rape, lung cancer or cocaine. This result might be due to a ceiling effect for the seriousness ratings. AIDS could hardly have been rated as being any more serious, but the other events were also considered to be extremely serious.

It is difficult to explain why, in contrast to the findings of Perloff and Weinstein, this study did not find that the more serious the negative event, the stronger the tendency to believe in unique invulnerability. Possibly this phenomenon occurs only when estimating one's own vulnerability, and not in making judgments about how victims would estimate their vulnerability, as subjects were asked to do in this study.

The findings did demonstrate that when a negative life event was rated as more serious, there was believed to be significantly less use of the "It's not serious enough to bother with" rationale. Similarly, when the behavior was rated as more risky, there was believed to be significantly less use of the "The probability isn't great enough for me to stop (or start)" rationale. These findings can be interpreted as evidence that risk takers are thought to perform a cost/benefit analysis of their behavior. It is possible that another optimistic bias, such as selective emphasis of other behavior or personal attributes, figure into the risk takers' cost/benefit analysis.

The purpose of this study on rationales for risky behavior was to identify reasons, other than the illusion of invulnerability, that individuals use when continuing to engage in activity that they know to be potentially harmful. It appears that through a variety of means, risk takers deny their at-risk role, and thereby do not accurately assess the potential results of their behavior.

The only rationale that subjects expressed belief in that did not reflect a denial of the at-risk role was the "I can't control myself" rationale. In using this rationale, risk takers do not necessarily underrate their vulnerability; they see themselves as helpless.

The identification of additional important rationales for risky behavior gives direction for further research in this area. As this study explored others' perceptions of risk takers' beliefs, future research should determine whether or not these beliefs are actually true of risk takers themselves.

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Table 1. Mean Ratings of Risk, Seriousness and Rationales by Negative Outcome

	Lung Cancer	Gum Disease	Cocaine Addiction	Rape	High Blood Pressure (coffee)	Cardio-vascular (Poor Health)	Stolen Car	Hepatitus	Skin Cancer (Sun)	AIDS	Liver Disease	High Blood Pressure (Over eating)	Syphillis	Skull Fracture
Risk	ef 6.46	bc 5.68	f 6.85	d 4.10	b 5.47	a 4.68	b 5.43	f 6.59	b 5.57	f 6.79	cd 5.99	bc 5.71	f 6.62	de 6.22
Seriousness	ef 6.87	a 5.67	ef 6.86	ef 6.88	cd 6.47	bc 6.24	b 6.13	cd 6.47	b 6.08	f 6.89	de 6.61	cd 6.43	ef 6.57	de 6.58
It will never happen to me	abc 5.01	bc 5.10	c 5.75	bc 5.14	abc 5.00	bc 5.14	ab 4.94	ab 4.90	bc 5.41	a 4.29	bc 5.47	bc 5.04	ab 4.91	bc 5.19
It will happen no matter what I do	f 3.90	abcde 2.99	abc 2.70	abc 2.70	ef 3.67	def 3.60	bcdef 3.25	ab 2.81	abcd 2.91	a 2.47	cdef 3.41	f 3.90	abc 2.75	cdef 3.39
What will happen will happen	e 4.91	bcd 4.03	cd 4.10	ab 3.35	cde 4.41	bcd 4.04	cde 4.29	bcd 3.94	bcd 4.06	a 3.05	cde 4.29	de 4.56	abc 3.55	de 4.58
I can't control myself	e 5.01	bc 3.27	e 5.37	a 1.98	d 4.32	d 4.34	a 2.43	bc 3.04	bc 3.43	b 2.98	d 4.10	e 5.09	cd 3.71	bc 3.48
It isn't serious enough	bcde 4.15	de 4.71	de 4.86	a 2.60	de 4.73	cde 4.38	b 3.62	bcd 4.10	cde 4.49	a 2.25	e 4.91	cde 4.54	bc 3.80	bcd 4.09
The possibility isn't great enough	bcd 4.68	bcd 4.56	cd 5.00	a 3.50	d 5.19	bcd 4.52	b 4.04	bc 4.29	d 5.17	a 3.04	cd 5.05	bcd 4.77	b 4.14	bcd 4.41
I don't deserve it	ab 2.85	ab 2.98	b 3.28	ab 2.74	ab 2.89	ab 2.94	ab 2.49	ab 3.00	ab 2.67	a 2.39	ab 3.00	ab 2.96	ab 2.91	ab 2.85

Note: Within a row, means not sharing a common superscript are significantly different according to a Newman-Keuls test, ($p < .05$)

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